

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*4241685*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2	/		/				52							
3	/		/				53							
4		3					54							
5	(1)						55							
6	/		/				56							
7	(2)	1					57							
8		2					58							
9	/		/				59							
10	/		/				60							
11		2					61							
12		(8)					62							
13							63							
14							64							
15							65							
16							66							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6		6											
TOTAL DEP.	10		1											
TOTAL CLAIMS	16		7											